

To:
Master's Level
Psychotherapists
Mental Health/
Substance
Abuse Clinics
Psychiatrists
Psychologists
HMOs and Other
Managed Care
Programs

Wisconsin Medicaid Covers Health and Behavior Assessment and Intervention Services

Effective for dates of service on and after October 1, 2005, Wisconsin Medicaid will cover health and behavior assessment and intervention services when provided by outpatient mental health certified providers.

New Procedure Codes

Effective for dates of service (DOS) on and after October 1, 2005, Wisconsin Medicaid will cover health and behavior assessment and intervention services (*Current Procedural Terminology* procedure codes 96150-96155) when performed by outpatient mental health-certified providers.

Health and Behavior Assessment Services

Health and behavior assessment services are used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. The focus of the assessment is not on mental health but on the biopsychosocial factors important to physical health problems and treatments. Assessments are provided to recipients who present with established illness or symptoms, who are not diagnosed with mental illness, and who may benefit from evaluations that focus on the biopsychosocial factors related to the patient's physical health status.

Effective for DOS on and after October 1, 2005, Wisconsin Medicaid reimburses the following health and behavior assessment procedure codes when performed by outpatient mental health-certified providers:

- 96150 (Health and behavior assessment [eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires], each 15 minutes face-to-face with the patient; initial assessment).
- 96151 (Health and behavior assessment [eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires], each 15 minutes face-to-face with the patient; re-assessment).

Health and Behavior Intervention Services

The focus of the health and behavior intervention services is to improve the recipient's physical health by utilizing cognitive, behavioral, social, and/or psychophysiological procedures designed to ameliorate specific disease-related problems. Specific interventions may include discussion of health-promoting behaviors, symptom management and expression, and the provision of assistance with adherence to medical treatments.

Effective for DOS on and after October 1, 2005, Wisconsin Medicaid will reimburse the following health and behavior intervention procedure codes when performed by outpatient mental health-certified providers:

- 96152 (Health and behavior intervention, each 15 minutes, face-to-face; individual).
- 96153 (Health and behavior intervention, each 15 minutes, face-to-face; group [2 or more patients]).
- 96154 (Health and behavior intervention, each 15 minutes, face-to-face; family [with the patient present]).
- 96155 (Health and behavior intervention, each 15 minutes, face-to-face; family [without the patient present]).

Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for a complete list of reimbursable health and behavior assessment and intervention procedure codes and providers who may be reimbursed. Attachment 2 includes a list of allowable place of service codes and descriptions.

Prior Authorization Required for Intervention Services

Prior authorization (PA) is required for health and behavior intervention services beyond 15 hours or \$500 of these services only, whichever limit is reached first, in a calendar year. The 15-hour/\$500 accumulation requirement is exclusive of any other PA threshold.

Once the PA threshold is reached, providers are required to submit a PA request that includes the following:

- A completed Prior Authorization Request Form (PA/RF), HCF 11018 (Rev. 10/03).
- Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA), HCF 11088 (Dated 06/05).

Refer to Attachments 3 and 4 for the PA/HBA and instructions.

The maximum PA grant period is six months.

Reimbursement Limitations

A maximum of eight units of assessment and/or intervention services per recipient, per DOS, per performing provider may be reimbursed by Wisconsin Medicaid. There is no PA requirement for health and behavior assessments.

Services Provided via Telehealth

Health and behavior assessment and intervention services may be provided via Telehealth for procedure codes 96150-96152 and 96154-96155. Telehealth is not allowable for services provided under procedure code 96153. For information on certification requirements to become a certified Telehealth provider and policies related to claims submission, refer to the December 2004 *Wisconsin Medicaid and BadgerCare Update* (2004-88), titled "Coverage of Mental Health and Substance Abuse Services Provided Via Telehealth."

Procedure Code Limitations

Claims will not be reimbursed when a procedure code from one of the following ranges, 90801-90899 or 99201-99499, is billed in conjunction with one of the health and behavior assessment and intervention codes (96150-96155) for the same recipient, for the same DOS, by the same performing provider.

Diagnosis Restrictions

Health and behavior assessment/intervention services procedure codes, 96150-96155, are not reimbursable when billed with *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) mental disorder diagnoses 290-316.

Claims will not be reimbursed when a procedure code from one of the following ranges, 90801-90899 or 99201-99499, is billed in conjunction with one of the health and behavior assessment and intervention codes (96150-96155) for the same recipient, for the same DOS, by the same performing provider.

Claims Submission

Providers billing for health and behavior assessment and intervention services on the CMS 1500 claim form should follow the outpatient mental health billing instructions with the following exceptions:

- *Element 17 — Name of Referring Physician or Other Source.* This information is not required for health and behavior assessment and intervention services.
- *Element 24K — Reserved for Local Use.* When billing codes 96150-96155, both private and county owned clinics are required to indicate a performing provider number. All clinics (private, outpatient hospital and county owned) may bill these codes only when their providers are individually certified by Medicaid.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Health and Behavior Assessment and Intervention Procedure Codes

Effective for dates of service (DOS) on and after October 1, 2005, Wisconsin Medicaid reimburses the following health and behavior assessment and intervention procedure codes when performed by outpatient mental health providers. Refer to Attachment 2 of this *Wisconsin Medicaid and BadgerCare Update* for a list of allowable place of service (POS) code descriptions.

Professional level modifiers		
Modifier	Description	Providers
HO	Master's degree level	Master's level psychotherapist (Master's level psychotherapists are Master's-level mental health professionals with 3,000 hours of supervised experience or are listed in an appropriate national registry as stated in HFS 61.96, Wis. Admin. Code. This includes registered nurses with a Master's degree in psychiatric-mental health nursing or community mental health nursing from a graduate school of nursing accredited by the National League for Nursing.)
HP	Doctoral level	Psychologist, Ph.D.
UA	MD, Psychiatrist	Psychiatrist

Health and Behavior Assessment Procedure Codes

Procedure Code	Description	Certified Providers Who May Perform the Service	Modifier (Required)	Limitations	Allowable ICD-9-CM* Diagnoses	Allowable POS
96150	Health and behavior assessment [eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires], each 15 minutes face-to-face with the patient; initial assessment	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21**, 22, 23, 31, 32, 51**, 54, 61**
		Doctoral level	HP			
		Psychiatrist	UA			
96151	re-assessment	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21**, 22, 23, 31, 32, 51**, 54, 61**
		Doctoral level	HP			
		Psychiatrist	UA			

*ICD-9-CM = *International Classification of Diseases, Ninth Revision, Clinical Modification*

**The POS codes, "21," "51," and "61" are not allowable for master's level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

Health and Behavior Intervention Procedure Codes

Procedure Code	Description	Certified Providers Who May Perform Service	Modifier (Required)	Limitations	Allowable ICD-9-CM* Diagnoses	Allowable POS
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Accumulates toward a 15-hour/\$500 calendar-year threshold of 96152-96155, beyond which PA is required (except for inpatient hospital). Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21**, 22, 23, 31, 32, 51**, 54, 61**
		Doctoral level	HP			
		Psychiatrist	UA			
96153	group (2 or more patients)	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Accumulates toward a 15-hour/\$500 calendar-year threshold of 96152-96155, beyond which PA is required (except for inpatient hospital). Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21**, 22, 23, 31, 32, 51**, 54, 61**
		Doctoral level	HP			
		Psychiatrist	UA			
96154	family (with the patient present)	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Accumulates toward a 15-hour/\$500 calendar-year threshold of 96152-96155, beyond which PA is required (except for inpatient hospital). Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21**, 22, 23, 31, 32, 51**, 54, 61**
		Doctoral level	HP			
		Psychiatrist	UA			
96155	family (without the patient present)	Master's degree level	HO	Do not claim CPT 90801-90899 by same provider on same DOS as 96150-96155. Accumulates toward a 15-hour/\$500 calendar-year threshold of 96152-96155, beyond which PA is required (except for inpatient hospital). Up to eight units combined 96150-96155 allowed per DOS.	All except 290-316.	03, 11, 21*, 22, 23, 31, 32, 51*, 54, 61*
		Doctoral level	HP			
		Psychiatrist	UA			

*ICD-9-CM = *International Classification of Diseases, Ninth Revision, Clinical Modification*

**The POS codes, "21," "51," and "61" are not allowable for master's level providers. Payment is included in the hospital's Medicaid diagnosis-related group (DRG) reimbursement.

ATTACHMENT 2

Place of Service Codes for Health and Behavior Assessment and Intervention Services

Providers are required to indicate two-digit place of service (POS) codes on claims submitted to Wisconsin Medicaid. The following table lists Medicaid-allowable POS codes that providers are required to use when submitting claims for health and behavior assessment and intervention services.

POS code	Description
03	School
11	Office
21*	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room — Hospital
31	Skilled Nursing Facility
32	Nursing Facility
51*	Inpatient Psychiatric Facility
54	Intermediate Care Facility/Mentally Retarded
61*	Comprehensive Inpatient Rehabilitation Facility

*The POS codes, “21”, “51”, and “61” are not allowable for master’s level providers. Payment is included in the hospital’s Medicaid diagnosis-related group (DRG) reimbursement.

ATTACHMENT 3

Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) Completion Instructions

(A copy of the Prior Authorization/Health and Behavior Intervention Attachment [PA/HBA] Completion Instructions is located on the following pages.)

(This page was intentionally left blank.)

WISCONSIN MEDICAID PRIOR AUTHORIZATION / HEALTH AND BEHAVIOR INTERVENTION ATTACHMENT (PA/HBA) COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. If necessary, attach additional pages if more space is needed. Providers should refer to their service-specific handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgment about the case.

Attach the completed Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) to the Prior Authorization Request Form (PA/RF), HCF 11018, and physician prescription and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

INSTRUCTIONS

The information contained in the PA/HBA is used to make a decision about the amount and type of intervention that is approved for Wisconsin Medicaid reimbursement. Thoroughly complete each section and include any material that would be helpful to support the medical necessity of the services being requested. When noted in these instructions, material from personal records may be substituted for the information requested on the form. When substituting material from personal records, indicate the purpose of the materials.

Prior authorization for health and behavior interventions is not granted when another provider already has an approved PA for health and behavior intervention services for the same recipient. In these cases, Wisconsin Medicaid recommends that the recipient request that the other provider notify Wisconsin Medicaid that they have discontinued treatment with this recipient. The recipient may also submit a signed statement of his or her desire to change providers and include the date of the change. The new provider's PA may not overlap with the previous provider's PA.

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Medicaid Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Recipient

Enter the date of birth of the recipient (MM/DD/YY).

Element 3 — Recipient's Medicaid Identification Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

SECTION II — PROVIDER INFORMATION

Element 4 — Name — Performing Provider

Enter the name of the therapist who will be providing the treatment.

Element 5 — Performing Provider's Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the performing provider.

Element 6 — Telephone Number — Performing Provider

Enter the telephone number, including the area code, of the office, clinic, facility, or place of business of the billing provider.

Element 7 — Credentials — Performing Provider

Enter the credentials of the therapist who will be providing treatment. The discipline should correspond with the name listed in Element 4.

SECTION III — CLINICAL INFORMATION

Element 8 — Physical Health Diagnosis Related to the Need for Health and Behavior Interventions

Enter the physical health diagnosis related to the need for health and behavior intervention services. Indicate the date the diagnosis was given and by whom.

Element 9 — Biopsychosocial Factors Related to the Recipient's Physical Health Status

Enter a summary of the biopsychosocial factors resulting from the recipient's physical health diagnosis as discovered in the health and behavior assessment. Indicate the date of the health and behavior assessment.

Element 10 — Treatment Modalities

Indicate the treatment modalities being implemented.

Element 11 — Treatment Schedule

Enter the anticipated length of sessions, frequency of sessions, and duration of services requested on this PA. If requesting sessions more frequently than once per week, indicate why they are needed. If a series of treatments is anticipated (e.g., frequent sessions for a few weeks, with treatment tapering off thereafter), indicate the total number of hours of treatment requested, the time period over which the treatment is requested, and the expected pattern of treatment. This quantity should match the quantity(ies) in Element 20 of the PA/RF. (Services at intensities lower than the average of one hour weekly may be approved for a duration of up to six months.)

Element 12 — Recipient's Measurable Goals of Treatment Modalities

Indicate the recipient's measurable goals of each treatment modality being requested.

Element 13 — Anticipated Duration of Treatment

Indicate the anticipated duration of treatment to address the issues related to the identified physical health diagnosis listed in Element 8.

Element 14 — Signature — Performing Provider

Element 15 — Date Signed

ATTACHMENT 4

Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA)

(A copy of the Prior Authorization/Health and Behavior Intervention Attachment [PA/HBA]
[for photocopying] is located on the following page.)

WISCONSIN MEDICAID

PRIOR AUTHORIZATION / HEALTH AND BEHAVIOR INTERVENTION ATTACHMENT (PA/HBA)

Providers may submit the completed prior authorization (PA) request by fax to Wisconsin Medicaid at (608) 221-8616 or by mail to Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Health and Behavior Intervention Attachment (PA/HBA) Completion Instructions, HCF 11088A.

SECTION I — RECIPIENT INFORMATION

1. Name – Recipient (Last, First, Middle Initial)	2. Date of Birth — Recipient	3. Recipient's Medicaid Identification Number
---	------------------------------	---

SECTION II — PROVIDER INFORMATION

4. Name — Performing Provider	5. Performing Provider's Medicaid Provider Number
6. Telephone Number — Performing Provider	7. Credentials — Performing Provider

SECTION III — CLINICAL INFORMATION

8. Physical Health Diagnosis Related to the Need for Health and Behavior Interventions

9. Biopsychosocial Factors Related to the Recipient's Physical Health Status

10. Treatment Modalities

11. Treatment Schedule

12. Recipient's Measurable Goals of Treatment Modalities

13. Anticipated Duration of Treatment

14. SIGNATURE — Performing Provider	15. Date Signed
--	-----------------